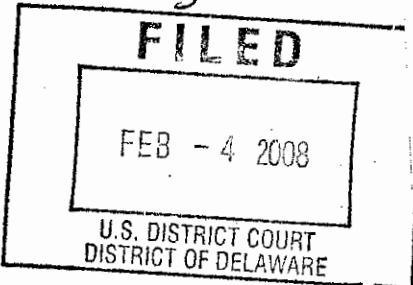


United States District Court  
For the District of Delaware

Acknowledgement of Service Form *Scanned*  
For Service By Return Receipt

Civil Action No. 07CV 744-SLR

Attached below is a return receipt card reflecting proof of service  
upon the named party on the date shown.

SLR - 07-744

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A. Signature</p> <p><i>V. M.</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td colspan="2"> <p>B. Received by (Printed Name)</p> <p><i>Karen M. WILMINGTON DE</i></p> </td> </tr> <tr> <td colspan="2"> <p>C. Date of Delivery</p> <p><i>FEB 01 2008</i></p> </td> </tr> <tr> <td colspan="2"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p><i>RODNEY QUADRANT</i></p> </td> </tr> <tr> <td colspan="2"> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> </td> </tr> <tr> <td colspan="2"> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> </td> </tr> </table> <p>2. Article Number (Transfer from service label) <u>7007 0710 0003 9056 7369</u></p>	<p>A. Signature</p> <p><i>V. M.</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name)</p> <p><i>Karen M. WILMINGTON DE</i></p>		<p>C. Date of Delivery</p> <p><i>FEB 01 2008</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p><i>RODNEY QUADRANT</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540